Office Evaluation of Pelvic Pain

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KEYWORDS

• Chronic pelvic pain • Pelvic floor examination • Clinical evaluation of pelvic pain
• Musculoskeletal examination of pelvic pain

KEY POINTS

- A comprehensive history and physical examination will help guide treatment of patients with chronic pelvic pain.
- All patients with chronic pelvic pain should be questioned regarding a history of abuse.
- A thorough musculoskeletal examination should be performed on all patients with chronic pelvic pain, because many musculoskeletal disorders can contribute to chronic pelvic pain.
- The physiatric pelvic floor examination is a nongynecologic assessment of the superficial and deep pelvic floor muscles, ligaments, and nerves.
- It should be explained that this examination is an extension of the neurologic and musculoskeletal assessment.

INTRODUCTION

Chronic pelvic pain (CPP) is a common and debilitating disease defined as noncyclic pelvic pain that persists for more than 6 months.[1,2] The prevalence of CPP has been estimated around 5.7% to 26.6% based on a 2014 systematic review of 7 CPP studies.[1,2] However, the exact incidence and prevalence of disability and overall medical cost owing to CPP is unknown.[3] The etiology can be complex and multifactorial. Anatomically, CPP can involve structures in the anatomic pelvis, anterior abdominal wall below the level of the umbilicus, pelvic girdle, lumbosacral spine, and buttocks. Furthermore, CPP may be visceral, somatic, neuropathic, or referred. Given this breadth of anatomic involvement, the pain generator in CPP is often elusive to diagnose. Potential etiologies of CPP include gynecologic, urologic, gastrointestinal, musculoskeletal, neurologic, or psychosomatic/central sensitization disorders.[3] CPP is, thus, an umbrella term encompassing a variety of diagnoses and disorders that

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are not mutually exclusive and may overlap, making appropriate diagnosis and management challenging for even the most experienced of clinicians.[4] A multidisciplinary approach to diagnosis and management involving obstetrician/gynecologists, urologists/urogynecologists, gastroenterologists, internists, oncologists, physiatrists, and pelvic floor physical therapists is important to provide a thorough evaluation. Even with a multidisciplinary approach, conservative medical and surgical therapies may fail to provide relief. Given the potential for therapy failure, functional impairment, high comorbidity of mood disorders, the subjective reaction to the disorder, and the possibility of premorbid abuse, there is often a strong psychosomatic component to CPP.[5] Psychological evaluation with a psychologist or psychiatrist may be a beneficial part of the multidisciplinary approach as well. Physiatrists are uniquely well-suited to play a significant role in the evaluation of CPP owing to the specialty's expertise in the diagnosis of complex musculoskeletal issues, ability to conservatively manage bowel and bladder dysfunction, understanding of chronic pain management, and natural focus on restoring functional ability and improving quality of life.

The initial clinical evaluation of CPP should include a thorough history and physical examination. The comprehensive clinical history should include a history of present illness of the pain complaint, including any medications or interventions, as well as a thorough history and review of any body system that may be involved (including neuromusculoskeletal, obstetric, gynecologic, gastrointestinal, urologic, dermatologic, infectious, oncologic, and psychiatric). The physical examination should also follow a focused systems-based approach and ideally includes examination of gastrointestinal, dermatologic, neurologic, and musculoskeletal (including lumbosacral spine, sacroiliac [SI] joints, pelvis, and hips) systems, and the pelvic floor (internal and external examination including neuromuscular anatomy). Given the breadth of this history and examination, it should be tailored to the individual patient's complaints and presenting signs or symptoms.

THE CLINICAL HISTORY

The workup of the patient with chronic pelvic pain entails a thorough medical history, which includes the history of present illness, medical history, surgical/procedural history, obstetric/gynecologic history, social history, psychiatric history, current and prior medications, pertinent family history, and a full review of systems. As with any patient, it is important to discuss any allergies. Additionally, in the female population of childbearing age, it is important to determine a menstrual and pregnancy history, including if the patient is currently pregnant, trying to get pregnant, or currently breastfeeding, because this can impact further workup and management.

An history of present illness of the pain complaint can follow the "OPPQRSTA" approach:

- Onset/duration of pain, and any inciting events or injuries;
- Palliative factors;
- Provoking factors;
- Quality of pain;
- Region (location) of pain;
- Severity of pain;
- Temporal factors (ie, when is the pain worst); and
- Associated symptoms (ie, numbness, tingling, radiation).

An assessment of any previously trialed over-the-counter or prescription medications (oral, topical, vaginal suppository, or rectal suppository), modalities (heat, ice,